



# Health Care Reform in Indian Country

**Self-Governance Communication & Education**

*Self-Governance Tribes Striving Towards Excellence in Health Care*

## Tribal Legislative Priorities on Medicaid

**Presentation at NIHB Annual Conference**

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# Aim and Approach of Initiative

## Aim:

- The aim of this initiative is to *fix gaps in access to high-quality health care services* under Medicaid for low- and moderate-income American Indians and Alaska Natives (AI/ANs) across all states.

## Approach:

- Do no harm.
- Build on existing administrative infrastructure.
  - Indian health care providers (IHCPs) are defined in federal regulations.
  - Most services to AI/ANs by IHCPs are currently supported with 100% federal funding.
- Establish new authorities as either “requirements” or “options” based on assessment of:
  - Ability to achieve policy goal; and
  - Ability to enact legislation.
- Have legislative package ready to capitalize on potential opportunities to advance the legislation that might emerge in Congress.



# Elements of Legislative Proposal

- Working Title: **“Equal Access to Medicaid for All American Indians and Alaska Natives Act”**
- Lead Legislative Provisions:
  1. Create the option for states to extend Medicaid eligibility to all AI/ANs with household income up to 138% of the federal poverty level (FPL).
  2. Authorize Indian Health Care Providers (IHCPs) in all states to receive Medicaid reimbursement for a federally-defined set of health care services—referred to as Qualified Indian Provider Services (QIPS)—when delivered to AI/ANs.
  3. Extend full federal funding (through 100% FMAP) and the IHS encounter rate to Medicaid services furnished by *urban* Indian health programs to AI/ANs.
- Additional Legislative Provisions:
  4. Clarify in federal law and regulations that state Medicaid programs are prohibited from over-riding (through waivers, etc.) Indian-specific provisions in federal Medicaid law.
  5. Address the “four walls” limitations on IHCP clinic services by removing restrictions that prohibit billing for services provided outside a clinic.



# Input from Recent Tribal Meetings and Discussions

- Emphasize with external partners that goal of initiative is to advance access to *quality health care* through removing impediments.
- Be surgical in legislative approach; don't overload initiative with too many provisions.
  - Make ask straight-forward for Tribal leaders.
  - Make support of the Act clear choice for Members of Congress who express support for AI/ANs.
  - Create a list of secondary issues that might be included later in process.
- Keep issues of concern to urban Indian health programs (UIHPs) in initiative.
  - Apply provisions available to other Indian health care providers to UIHPs: 100% FMAP; access to IHS/OMB encounter rate.
- Ensure that legislative proposals on Medicaid do not conflict with Tribal efforts to strengthen recognition of Tribal Sovereignty.
- Be prepared *now* for opportunities that might emerge / be created to move legislative initiative.
  - Prepare legislative language.



# Next Steps

- Continue to seek the input of Tribal leaders and Tribal representatives on content of legislative proposal.
  - Continue meetings of Self-Governance work group to refine proposal.
  - Continue briefings for Tribal organizations.
- Continue to refine legislative language.
- Research potential “score” / cost estimate.
- Prepare draft model resolution; seek resolutions in support of initiative from national and regional Tribal organizations, including:
  - Seek input from external partners.
- Conduct outreach to Members of Congress.

